

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

C4

PLAINTIFF JOYCE A. WATSON	COURT CASE NUMBER 08 C 3598
DEFENDANT JIM DACHS, ETAL.	TYPE OF PROCESS SUMMONS & COMPLAINT

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**AT** { LOLITA SAZON AT GLEN OAKS NURSING HOME  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
270 SKOKIE BLVD. NORTHBROOK, ILLINOIS 60062

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

JOYCE A. WATSON  
1826 CAROLINA STREET  
GARY, INDIANA 46407

Number of process to be served with this Form 285

1

Number of parties to be served in this case

3

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

AUG 15 2008 YM  
AUG 15 2008  
MICHAEL W. DOBBINS

Signature of Attorney other Originator requesting service (if not for

CLERK, U.S. DISTRICT COURT,

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>293</u>	District of Origin No. <u>24</u>	District to Serve No. <u>24</u>	Signature of Authorized USMS Deputy or Clerk <u>R.T.</u>	Date <u>07-08-08</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Jim Dachs, Administrator☒ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 8/12/08 Time 9:45 ☒ am ☐ pm

Signature of U.S. Marshal or Deputy

George P. Peters Jr.

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
<p>REMARKS: <u>One Service fee charged same case + location. see process sheet #1 for charges.</u></p> <p><u>1 DUSM x 2 hours @ 48 miles round trip</u></p>					

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00